

2009 Boys Youth Basketball Registration Form

Mt. Vernon Parks & Recreation Wildcat Youth Basketball
2nd, 3rd, 4th and 5th Graders

Please fill out this form and return to the Parks & Recreation Department Office, 118 Main Street (M-F 8am-5pm) or mail to PO Box 324, Mt. Vernon, Indiana 47620. All registrations are due by Friday, October 23rd at 5pm. There will be evaluations on Saturday, October 31st at 9am (2nd-3rd) and 10am (4th-5th) at the High School. Fees: \$45 per participant (\$15 second child). Parks and Recreation will be running the program with the support of Coach Kopatich. **Check payable to: Mt. Vernon Youth Basketball**

Name _____ Grade: 2nd 3rd 4th 5th
Address _____ School _____
Phone _____ D.O.B. _____ Age _____
Jersey/T-shirt size (circle one): YS YM YL S M L XL

PARENT PERMISSION:

(Both parents must sign this permission form. If only one parent is available to sign, the parent signing must assume complete and absolute responsibility as set forth below)

We/I hereby grant permission for my child _____ to participate in the: *Youth Basketball League.*

We/I represent that my child is physically fit and suffers from no health issue which would prevent him/her from participating in this activity. We/I will assume all responsibility and obligation for my child in case of injury or accident sustained during participation in this program. We/I release and hold harmless the Mt. Vernon Parks & Recreation Board, Metropolitan School District of Mt. Vernon, employees of the Mt. Vernon Parks Department, and all other paid and volunteer personnel from any and all liability, loss, damage, injury which may result or occur during the course of this sports program. We/I give permission for the Mt. Vernon Park & Recreation Department to use individual photographs and team photographs as the department sees fit, including but not limited to, print and internet publication. We/I will work together with the Mt. Vernon Park & Recreation Department and all persons involved in this sports program to build a fine program for all of the youths involved.

Date: _____
Parent Signature _____

Date: _____
Parent Signature _____

Contact Information:

Father: Name _____ Home #: _____ Work #: _____ Cell #: _____

Mother: Name _____ Home #: _____ Work #: _____ Cell #: _____

e-mail _____ (for P & R distribution lists only)

Will you: Coach? yes no Assist Coach? yes no Coach Shirt Size: S M L XL

Rec. # _____ Date Rec'd _____ By _____